

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.



Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (504) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 1-26-98

LSUPP

1981006

1. NAME FUSILIER JULIE A.
Last First MI

2. BUSINESS PHONE 504 - 924 - 8138

3. BUSINESS ADDRESS 4621 JAMESTOWN AVE., BATON ROUGE, LA 70808
Street and No. City State Zip

4. EMPLOYER HOLLYWOOD / DEBAROLD ENTERTAINMENT LOUISIANA, L.L.C.

5. EMPLOYER'S ADDRESS TWO GALLERIA TOWER, STE. 2200, 13455 NOL RD., LB48, DALLAS, TX 75240
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes X No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name HOLLYWOOD / DEBAROLD ENTERTAINMENT LOUISIANA, L.L.C.
Address TWO GALLERIA TOWER, STE. 2200, 13455 NOL RD., LB48, DALLAS, TX 75240
Business or purpose RIVERBOAT GAMING

☐ New Representation
Does this person pay you?

If No, who pays you?

☒ Terminated Representation as of JANUARY 15th, 1998

SUPPLEMENTAL REGISTRATION FORM



2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

State of LOUISIANA

Parish of EAST BAYOU LAKE

Before me, the undersigned authority, personally came and appeared Julie A. Fusilier, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

[Signature]
Signature of Lobbyist

Sworn to and subscribed before me on this 20th day of January, 19 98.

[Signature]
Notary Public